

PART B - FEE(S) TRANSMITTAL

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466 7590 06/18/2010

YOUNG & THOMPSON
209 Madison Street
Suite 500
Alexandria, VA 22314

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| | (Depositor's name) |
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| | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/542,630 | 04/24/2006 | Christian Benardeau | 0512-1290 | 1731 |

TITLE OF INVENTION: METHOD AND SYSTEM FOR GUARANTEEING THE INTEGRITY OF AT LEAST ONE SOFTWARE PROGRAM WHICH IS TRANSMITTED TO AN ENCRYPTION/DECRYPTION MODULE AND RECORDING MEDIA FOR IMPLEMENTING SAME

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | YES | \$755 | \$300 | \$0 | \$1055 | 09/20/2010 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|-----------------|----------|----------------|
| ARMOUCHE, HADIS | 2432 | 713-189000 |

| | |
|---|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | 1 _____ 2 <u>Young & Thompson</u> 3 _____ |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Logiways France

Brive-la-Gaillarde, France

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

| | |
|--|---|
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| <input checked="" type="checkbox"/> Issue Fee | <input type="checkbox"/> A check is enclosed. |
| <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted) | <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. |
| <input checked="" type="checkbox"/> Advance Order - # of Copies <u>1</u> | <input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number <u>250120</u> (enclose an extra copy of this form). |

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| <input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. | <input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). |

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Authorized Signature Benoit Castel

Date August 19, 2010

Typed or printed name Benoit Castel

Registration No. 35,041

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